



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Implementing Substance Abuse Services in Health Center Settings - Part 2: Lessons from the Field

August 17, 2017



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Aaron Williams, Senior Director,
Training and Technical Assistance for Substance Use , CIHS







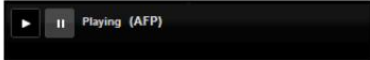

Roara Michael, Associate, CIHS



Before We Begin

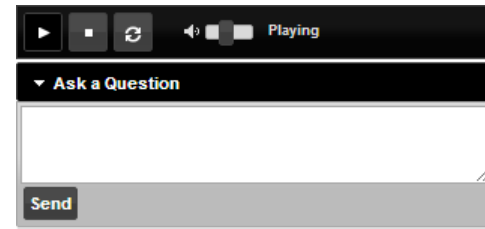
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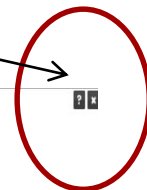
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Before We Begin

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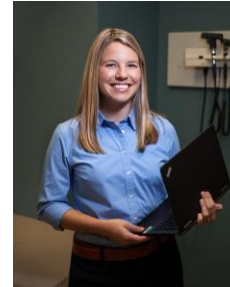
Learning Objectives

- Understand appropriate workflows for start-up and integration of substance abuse and Medication-Assisted Treatment (MAT) services
- Learn provider strategies for managing complex patients
- Understand appropriate substance abuse and MAT financing options
- Increase awareness of the impact of stigma
- Understand the proper opioid prescribing protocols

Today's Speakers

Brittany Tenbarge, PhD

Behavioral Health Consultant,
Cherokee Health Systems



Mark McGrail

Director, Addiction Medicine Services,
Cherokee Health Systems



Today's Speakers

Rhonda Hauff

Chief Operating Officer,
Yakima Neighborhood Health Services



Jocelyn Pedrosa, MD

Chief Medical Officer,
Yakima Neighborhood Health Services



Welcome from HRSA



Sue Lin, PhD, MS, Division Director
Bureau of Primary Health Care, Health Resources and
Services Administration

Poll Question

1. What types of substance abuse treatment services are you delivering in your health center? (Select all that apply)



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Establishing MAT Services: The Cherokee Health Services Experience

August 17, 2017

Brittany Tenbarger, PhD
Clinical Psychologist

Mark McGrail, M.D.
Director, Addiction Medicine Services

Our Concept – A Behaviorally Enhanced Healthcare Home

- Behaviorist on Primary Care (PC) team
- Consulting Psychiatrist & Addiction Specialist on PC Team
- Shared patient panel and population health goals
- Shared support staff, physical space, and clinical flow
- BH Access and collaboration at point of PC
- PC Team based co-management and care coordination
- Shared clinical documentation, communication, and treatment planning

Integrated MAT Clinic – Areas to Address

- **Personnel Actions** – hired a primary care/addiction medicine specialist, reallocated psychologist time, initiated hiring actions for additional primary care provider and nursing staff, dedicated a community health coordinator/case manager to team
- **Logistics** – facility renovations to allow for a dedicated space to conduct individual and group encounters, acquire appropriate urine drug screen testing materials
- **Training** – education of organizational clinical staff especially regarding SBIRT and MAT and distribution of referral guidelines; DEA “X” number required training
- **Clinical** – EHR templates, consent forms and treatment agreements, medication protocols, establish clinical competency for nursing/lab staff, IOP curriculum

The Medical Home Approach to Addiction Care

- **Addiction Specialist** – overall responsibility, gives and receives guidance, review consults, chart review for intake patients
- **Primary Care Provider** – screen routine preventive health/primary care needs, care coordination, medication safety
- **Behavioral Health Consultant** – provides IOP review, directs therapy needs, chart review for intake patients
- **Pharmacist** – TN CSMD report, medication safety and review
- **Nursing** – screens routine preventive health/primary care needs, lab test monitoring, clinic management, care coordination
- **Community Health Coordinator** - recovery environment review and action, care coordination/referral assistance
- **Peer Support Specialist** – Coming Soon!!

A Day in The Life of the Addiction Clinic

0800-0830: Arrival, pre-screen the day's patients

0830-0900: Team Huddle

0930-1200: New Patient Intakes, Follow-up Visits, PC Visits, Group Therapy (Wed and Fri), Case Management

1300-1630: New Patient Intakes, Follow-up Visits, PC Visits, Group Therapy (Mon, Tues, and Fri), Case Management

1630-1700: Wrap-up/Debrief, Prep for the next day

As required: community meetings, internal and external training, continuing education, unscheduled patient care

Lessons Learned

- Complexity is the norm
- Rapid, imperfect implementation is okay
- Patients always point the way
- Early integration of the addiction medicine specialist
- Built upon an established IOP
- Staff, Staff, Staff
- Lack of community awareness, stigma of diagnosis and treatment (MAT)

And, of course - Show Me The Money

- Commercial insurance (few patients)
- Medicare/Medicaid (mostly pregnant on TennCare)
- HRSA Grant, State MAT Grant (homeless and uninsured)
- Personal Pay/Sliding Scale Fee (for additional services)
- **Future of Funding**
 - ???????????
 - Continuation of grants is critical
 - Unknowns regarding future



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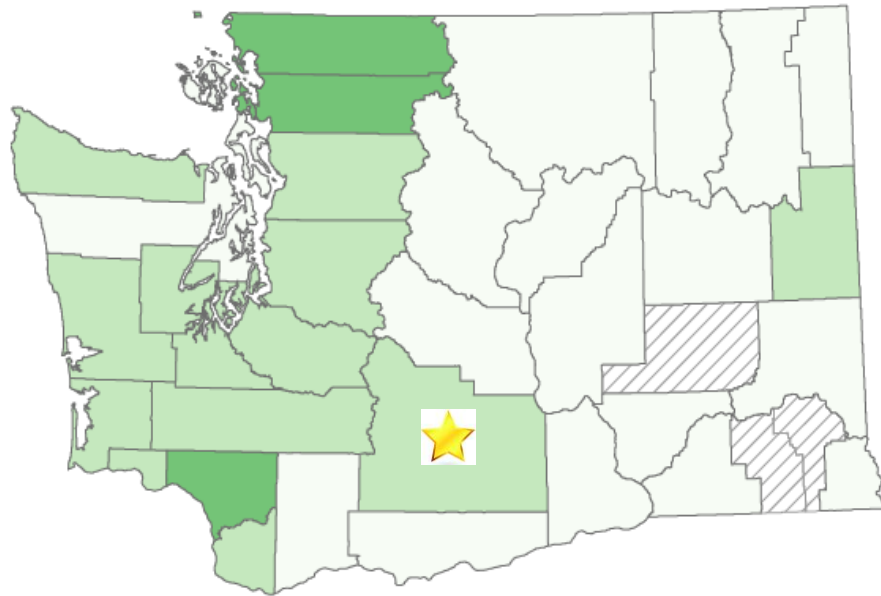
Yakima Neighborhood Health Services



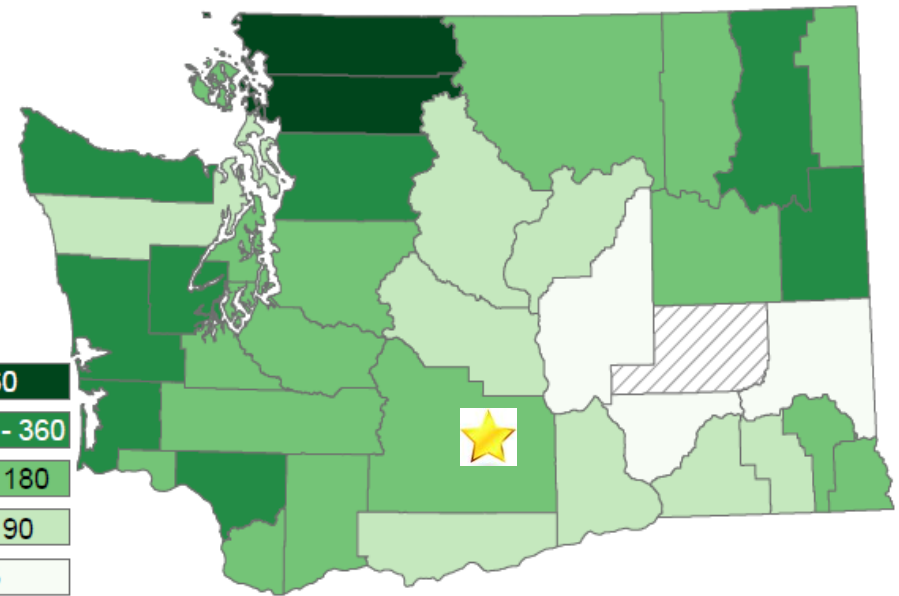
Opioid related drug deaths 59% of all drug deaths 2004-2014

Yakima County

Publicly funded treatment admission rate, any opiate
2002 - 2004
State-wide rate 59.4 per 100,000

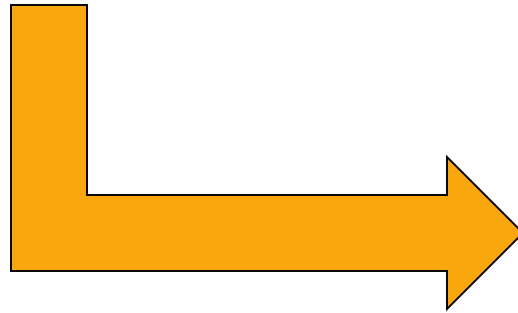


Publicly funded treatment admission rate, any opiate
2011 - 2013
State-wide rate 176.3 per 100,000



Starting With the Blank Slate

- Chief Medical Officer
- Clinical Pharmacist
- Psychiatric Nurse Practitioner
- Chief Operating Officer



- Patient eligibility
- Training needs
- Special situations
- Prescribing protocols
- Establish workflow

Workflow

(tools available if interested)

- 1) Patient identified for screening
- 2) Initial screening by Care Coordinator
- 3) Behavioral Health / CDP Assessment
- 4) Psychologist & Clinical Pharmacist Visit
- 5) Prescribing Provider Initial Visit
- 6) Maintenance Visits

Typical Visit Frequency

| Visit Type | Follow-up Interval | Medications Dispensed (Max of 32mg/day) |
|--------------------|-------------------------------|---|
| Induction | Within 7 days | Maximum 7 days |
| Weeks 2 through 4 | Weekly visits | Maximum 7 days |
| Weeks 5 through 8 | Visits every 2-4 weeks | Maximum 14 days |
| Week 9 and beyond* | Visits at provider discretion | 14-28 day supply |

*For the first six months, follow-up can be extended to monthly. After the first six months, follow-up interval can be every 3 months and prescription can have up to a maximum of 28 days with 2 additional refills.

Lessons Learned

- ❖ No ONE stands alone – MDs / ARNPs/ PA's all trained together.
- ❖ Established patients only.
- ❖ Be prudent.
- ❖ Local methadone program is an option.
- ❖ Standing Orders (including Labs)
- ❖ Ongoing Behavioral Health support essential.
- ❖ Use of “My Phrases” (memorized documentation in E.H.R.) for prompts to assure consistent and complete evaluation.

Lessons Learned / Special Populations

- ❖ Care coordinators needed to follow up with missing patients.
- ❖ Coordinate with Street Outreach / Housing Case Managers when needed
- ❖ Ongoing meetings to refine workflow / what's not working
- ❖ Ask patients if they have a safe place to store medications. Ask about housemate practices (protect against diversion).

PRAPARE

Protocol for Responding to & Assessing Patients' Assets, Risks, & Experiences

Neighborhood

| Question | Answer |
|-----------------------|---------------------------|
| Where do you live at? | Homeless Yakima, WA 98901 |

Money and Resources:

| Question | Answer |
|---|-------------------------------------|
| During the past year, what was the total combined income for you and your family members you live with? | 9000.00 |
| What is the highest level of school that you have finished? | Less than a high school degree |
| What is your current work situation? | Part time or temporary work |
| How many hours a week do you work? | Work 20-34 hours a week |
| How many jobs do you work? | 2 jobs |
| What is your main insurance? | Medicaid |
| Do you have insurance through your job? | No |
| In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? (Check all that apply.) | Food, Utilities, Clothing and Other |

Barriers to Care:

| Question | Answer |
|--|--|
| Has lack of transportation kept you from medical appts., meetings, work, or from getting things needed for daily living? (Select All That Apply) | -- Kept from Medical Appt. and/or Medicine |

Social and Emotional Health:

Social Integration and Health

| Question | Answer |
|---|-----------------------|
| Who are the people or groups you usually see or talk to at these times? | friends |
| How often do you see or talk to people that you care about and feel close to? (Ex. talking to friends on phone, visiting friends or family, going to church or club meetings) | Less than once a week |

Stress

| Question | Answer |
|---|-----------|
| Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you? | Very much |

Incarceration History:

| Question | Answer |
|---|--------|
| In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? | Yes |

Current Challenges

- Marijuana (recreational use legal in Washington State)
- Streamlining the workflow (condensing time from patient identification to first prescription)
- Mentorship for providers
- Keeping track of patients
- Diversion monitoring !
- Ongoing provider education to assure appropriate use of opiates in primary care.
- Naloxone – overdose prevention
- Quality Assurance - reporting

Patients

- As of last week
33 patients screened
 - 11 found eligible and prescribed
 - 4 of these have been lost to follow-up
 - 2 lost before they got to prescriber visit
 - 2 referred to a higher level of care (inpatient treatment or specialty treatment provider)

Billing

- Medicaid Expansion
 - 94% patients Medicaid , 6% uninsured
 - 340b in-house pharmacy (\$52/month average)
- Direct Reimbursement (Medicaid & MCOs):
 - Provider visits (MDs/ DOs, ARNPs, PA's)
 - Behavioral Health Specialists
 - Psychologist
 - Psychiatric Nurse Practitioner
- Not Reimbursed – supported by SASE grant
 - Care Coordinators
 - Clinical Pharmacist

Questions ?

Rhonda Hauff, Chief Operating Officer / Deputy CEO

Rhonda.hauff@ynhs.org

Jocelyn Pedrosa, MD

Chief Medical Officer

Jocelyn.pedrosa@ynhs.org



Poll Questions

1. What are your barriers to providing MAT? (Select all that apply)
2. What's your greatest barrier to Buprenorphine induction? (Select one)



Questions ?



CIHS Resources

- **Centers for Disease Control and Prevention**
 - [Overdose Data](#)
 - [Guidelines for Prescribing Opioids for Chronic Pain](#)
- **PCSS MAT Waiver Training**
 - <http://pcssmat.org/education-training/mat-waiver-training/>
- **Available for download under Event Resources:**
 - YNHS Workflow for Medication Assisted Treatment (MAT)
 - Initial Questionnaire for Buprenorphine-naloxone Treatment (MAT)
 - MAT Algorithm for Care Coordinators
 - Implementing Substance Abuse Services in Health Center Settings Part 1 Presentation

CIHS Tools and Resources

Visit at www.samhsa.gov/integrated-health-solutions

or

e-mail integration@thenationalcouncil.org

The screenshot shows the SAMHSA HRSA Center for Integrated Health Solutions (CIHS) website. The header includes the SAMHSA logo, a search bar with the text "substance abuse", and navigation links for Home, Newsroom, Site Map, and Contact Us. Below the header is a navigation menu with links for Find Help & Treatment, Topics, Programs & Campaigns, Grants, Data, About Us, and Publications. The main content area features a large banner for the CIHS with the text "SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)". Below the banner, there is a description of CIHS as a national training and technical assistance center. The page is divided into several sections: "Build Integrated Care Practices", "Grantees", "Consultation and Technical Assistance", and "Tools and Resources". Each section contains links to various resources and information. On the right side, there is a "News & Announcements" section with links to recent news items, a "Stay Connected" section with an email subscription form, and a "Contact Us" section with a phone number and email address.

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SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

CIHS is a national training and technical assistance center that promotes the development of integrated primary and behavioral health services.

Build Integrated Care Practices

CIHS provides materials to help you build a practice from scratch or assess and improve an existing practice.

Review [integrated care approaches](#).

Gain strategies to prepare an [integrated workforce](#), and your [operations and administration](#), to deliver integrated care.

Find evidence-based approaches to [clinical practice](#), and implement programs to improve the [health and wellness](#) of people with behavioral health conditions.

Grantees

CIHS offers resources to support primary care and behavioral health integration with a variety of audiences, including:

- » [SAMHSA Primary and Behavioral Health Care Integration \(PBHCT\) grantees](#)
- » [SAMHSA MAI-Continuum of Care \(MAI-CoC\) grantees](#)
- » [HRSA-supported safety net providers](#)

Learn more about help available to [grantees](#) and connect with other grantees using the [Grantee Locator](#).

Consultation and Technical Assistance

CIHS provides [technical assistance, training](#), and [consultation](#) to help you build your integrated practice.

Tools and Resources

Find information on integrated care research, [publications](#), and [other tools and resources](#).

News & Announcements

- » [SAMHSA report](#) finds connection between chronic conditions and history of depression in youth (July 25, 2017)
- » Watch the recorded webinar [Leading Wellness: Peer Providers on Integrated Care Teams](#) for an in-depth review of outcomes (April 20, 2017)

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